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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE						
						107088588							
						APPLICANT(S)							
CLAIMS													
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1	1	1	1	1		51						
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12	2	2	2	2	2		62						
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25	1	1	1	1	1		75						
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27	3	3	3	3	3		77						
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48							98						
49							99						
50							100						
TOTAL ID.		2		2			TOTAL IND.						
TOTAL DEP.		100		100			TOTAL DEP.						
TOTAL CLAIMS		112		62			TOTAL CLAIMS						